

WIGGLESWORTH (E.D.)

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MULTIPLE MEDULLARY ROUND-CELLED
SARCOMA OF THE SKIN

WITH A
RETROSPECT OF ALL RECORDED SIMILAR CASES

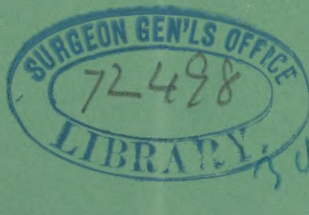
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BY

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A CASE OF
IDIOPATHIC MULTIPLE MEDULLARY
ROUND-CELLED SARCOMA OF
THE SKIN,

WITH A

RETROSPECT OF ALL RECORDED SIMILAR CASES.*

My object in presenting this paper is merely to place upon record, in the history of diseases of the skin, the fact of the occurrence of a form of disease of which form there exists at present no distinctly recorded example precisely similar both histologically and clinically considered.

There are recorded, however, nine cases resembling this one, namely, one by Körte in 1863; two by Köbner in 1869; five by Kaposi in 1872, to which is appended a non-recorded case of Billroth's; and one by Webber in 1873. Autopsies were made in only three of these cases, and in only six was there any examination with the microscope. Port (1873), Huguenin (1874), and Taylor (1875), have also referred to cases which they regarded as sarcomatous.

It is moreover not impossible that cases similar to the one under consideration may have been formerly reported under the title of Carcinoma, though I find none such, since it is only recently that a sufficiently precise line of demarcation has been drawn between carcinoma and sarcoma. Thus, it is but twenty-three years since Wislocki † distinguished "Carcinoma from Sarcoma

* Read before the New York Dermatological Society, December, 14, 1875.

† Canstatt's Jahresb. IV. 286, 1852.

only by its peculiar medullary juice and by its dyscrasic and probably primary origin." In 1854 Wernher * stated that in his opinion many "tumors which are regarded as cancer belong properly to the category of sarcoma." In 1855 Rokitanski † considered "Sarcomata as connective tissue tumors, which are distinguished from fibrous tumors, and especially from fibroids of the uterus, chiefly by the lack of a sharply defined border, and which consist of an embryonic gelatinous and of a fibrillary connective tissue." In 1856 Leydhecker ‡ says of Sarcoma, "Its essential component part is a connective tissue of a low grade which shows no tendency to develop into a ripe connective tissue, but, retaining its immature condition, continues to proliferate. A universal infection, as in the case of malignant tumors, is a rare exception in the course of sarcoma." And yet Leydhecker's "Sarcoma" included many forms now considered as distinct, *e. g.* the fibro-plastic tumors of Lebert; the cancrroid of Bennet; the "steatoma," the "albuminous fibriod," and glandular gelatinous tumors of Schuh; the recurring fibroid and fibro-nucleated tumors of Paget, etc. In 1858 Virchow § described sarcoma as "a formation, the tissue of which belongs to the connective substances, as to general type, and is only to be distinguished from the various sharply defined species of the connective tissue groups by its excessive development of cell-elements;" furthermore, in 1862-1863 § as "a tissue in which cells and intercellular substance, even when this latter is reduced to a minimum, are united in a firm coherent structure which receives vessels and stands in the relation of continuity to the neighboring tissues of connective substance." Virchow's definition is the one at present accepted. My case is as follows:—

JAN. 8th, 1873.—Mrs. F., a middle-sized woman, aged 40 years, was kindly brought to me and committed to my care by Dr. A. M. Sumner, of Boston.

History.—In April, 1872, nothing abnormal having been seen three days before, she noticed a band of small spots, "like mosquito-bites," extending across the epigastric and hypochondriac regions from side to side and measuring, from just below the breasts downward, some ten inches in width. The spots forming this band were faintly pinkish, slightly elevated, hard and discrete. From that time till to-day the number of the spots, she thinks, has gradually increased, the new ones resembling their predecessors in appearance. This numerical increase is uninfluenced by the season of the year. The spots were faint on rising in the morning, but after a bath or an exposure to cold became darker. During the summer also their color had been fainter than dur-

* Canstatt, II. 27, 1854.

† Lehrbuch der Pathologischen Anatomie, I. 165.

‡ Zum Diagnose der Sarcomatösen Geschwülste, Inaug. Dissert. Giessen. 1856.

§ Cellular Pathology, p. 486.

§ Krankhaften Geschwülste. XIX. Vorlesung.

ing cold weather. They had increased peripherally and in height from the first, though with varying degrees of rapidity and consistency. Bunches once formed retained their color permanently, though differing slightly in this respect among themselves. No itching or pain, spontaneous or upon pressure, previous to Jan. 2nd, on which day she began to take iodide of potassium, and noticed that the spots itched slightly. Had had no other treatment. No cancer in the family. No signs of syphilis, scrofula or tuberculosis. Had given birth normally to several healthy children. Previous health good, though very "nervous" and subject to headaches upon the least excitement.

Status Præsens.—Refused a general examination. Inspection of the arms disclosed upon the external aspect of the upper right arm, at the junction of the lowest and middle thirds, one well-defined, firm, convex, bluish-red, unlobulated lump, about an inch in diameter at the base, adherent to the skin, slightly elastic, smooth and without fissures or ulceration. No pain even upon strong pressure. A similar nodule, more prominent but rather less in diameter, occupied a space just over the inner end of the left eyebrow and impinged slightly upon it. Two similar nodules, each about half the size of the one upon the right arm, were situated upon the anterior aspect of the upper left arm, one on each side of the lower third of the biceps muscle. On the right fore-arm, seven, on the left fore-arm three small, (size of a gold dollar) discrete, violet-red, firm, slightly prominent infiltrations. All the nodules were slightly compressible and turned paler, for an instant only, when compressed. In several cases there was moderate desquamation. Temperature of spots normal and no pulsation or fluctuation existed. The smaller spots upon the fore-arms shaded off gradually as to color and consistency into the surrounding skin and were movable with it. Lymphatic vessels and glands unaffected.

She was allowed to continue iodide of potassium and to paint the lesions with collodion, after rubbing mercurial ointment into them.

Jan. 15th.—Patient called and reported improvement. Some of the nodules were in reality smaller and so also the spots, a few of which had disappeared. Treatment continued and wine allowed.

Jan. 25th.—Patient thinks there is continued improvement, and in particular that the nodules are softening. No marked change can, however, be detected upon examination. An uncolored subcutaneous nodule can be felt upon the upper left arm near the shoulder. A "lump" appeared also a few days since on the back of the neck and is gradually enlarging. Itching has ceased. Reports weakness. Egg-nog and milk-punch allowed.

Feb. 6th.—Patient's husband called and reported his wife quite weak. "Several spots and nodules are smaller. The one on the neck swelled in three days to twice the size of a walnut, but has now diminished in size and become flattened. There is some pain around it upon pressure."

As a change of treatment was requested, the external application of tincture of iodine was substituted for the mercurial inunction and colloidion. A more general examination was again requested and the gravity of the case explained to the husband.

Feb. 15th.—A general examination showed some forty to fifty additional nodules and spots distributed generally over the breast and back, upon the inner aspect of the thighs and upon the nates. Quite a large tumor was situated over the pit of the stomach. The breasts were mere lobulated masses of disease, hypertrophied and infiltrated, and presented the typical aspect of Virchow's sarcoma diffusum of the female breast. The bunch on the neck was slightly larger than when first noticed, and excoriated from the application of iodine. The nodule over the eyebrow was bluish-red, smooth, shining and exfoliating. The patient complains of rheumatoid pain in the right shoulder and arm on movement; also of constipation, but feels in general stronger. Tartrate of iron and potassa was substituted for the iodide of potassium. Whiskey to be taken at meal times. A cathartic was prescribed. The desirability of the removal of the tumor of the eyebrow was dwelt upon. The patient refused, however, to submit to any operation.

Feb. 25th.—Constipation relieved. Patient feels much better, though still weak. Another subcutaneous nodule has appeared in the left mamma. Some pain is felt on deep pressure upon the bunch on the lower left leg. The application of sheet lead was suggested as a placebo and the syrup of the triple phosphates was substituted for the ferruginous tonic. The removal of the lump from the eyebrow was again suggested, but this only made the patient very nervous and frightened.

March 3rd.—Received from Mr. F. a letter stating that his wife's catamenia had been delayed eight days beyond the proper time, and "for the last four days there had come away a slightly colored thin fluid, not at all like the menstrual flow." He had persuaded her to submit to the removal of the tumor over the eyebrow.

March 8th.—The tumor was removed by Dr. J. C. Warren, of Boston. The patient did very well, and in a few days left for Maine, where her family resided, and I lost sight of her. The husband called a week later to see if the microscope confirmed my diagnosis of Sarcoma, and was again warned of the gravity of the disease.

The tumor, on section, was pale gray in color, and glistened strongly. Fresh preparations placed under the microscope showed that the tumor was composed of a fibrous tissue, infiltrated with large round cells, with but little protoplasm. The nuclei were large and pale, often containing a single nucleolus, and sometimes two, as could be seen readily when dilute acetic acid was added. For a more thorough examination the tumor was then handled to Dr. R. H. Fitz, who reports as follows:—

"The nodule received for examination was spherical, of the size of a large cherry; the surface smooth, covered with a thin translucent

layer of epidermis, beneath which were scattered irregularly, minute, transparant, sago-like granules; balls of epidermis contained in the dilated hair follicles, also occasional hæmorrhagic points. The specimen was hardened in a two per cent. solution of chromic acid."

The disease was found to be seated mainly in the cutis, an extreme hypertrophy of the papilæ having taken place, with both thickening and elongation; the rete mucosum between the papillæ formed long thin bands of epihelium extending downwards nearly to the base of the tumor.

The surface of the section of the hardened specimen was relatively homogeneous, presenting no evidence of secondary degenerative changes.

The cells of the tumor in the fresh condition were round, relatively uniform in size, considerably larger than a white blood corpuscle. They contained a single granular nucleus, which was relatively large in comparison with the faintly granular, exceedingly destructible mass of protoplasm surrounding. The examination of sections from the hardened specimen showed that these cells were imbedded in a more or less reticulated, delicately fibrous stroma, the meshes of which enclosed, as a rule, single cells. Nuclei in the stroma were not observed.

The nodule examined presented but few blood vessels; extravasated blood was occasionally found. The hair follicles, sebaceous and sweat glands were found intact, though surrounded by the new growth. Large nerve trunks traversed the diseased tissue in an apparently unaltered condition. In the subcutaneous fat tissue a progressive diminution in the size of the fat cells could be observed. Where the alteration was less extreme an infiltration of small round cells between and about the fat cells was evident. Muscular fibres were often separated from each other by elongated lines of new-formed cells, and in places individual bundles were found on cross section to contain less fibres than normal. Evident alterations of the muscular substance beyond variations in size and quantity could not be ascertained.

So far as the seat of the disease could be determined from the sections examined, it seemed as if the origin of the growth was in the papillary layer. Thence it extended downwards into the subcutaneous tissue. In the epidermis occasional minute vesicles were observed; the individual cells of this layer were often considerably enlarged.

The specimen was regarded as a round-celled, medullary sarcoma.

The conclusion of the clinical history of this case was obtained from Mr. F., the husband of the patient. He called on June 27th, 1874, upon his return from a long sea voyage. The wound healed by first intention within a few days, and Mrs. F. was up and out of doors as usual. But before long a new nodule formed in the cicatrice. Then diarrhœa set in and lasted for three days, and was followed by catarrh and a roaring in the right ear, with deafness. For three weeks there was general debility and gradual sinking. An ulcer formed upon the left leg above the knee from a nodule breaking down, and the whole left leg and right foot became œdematous. One Saturday the right thigh began to ulcerate, and from the Thursday following she sank rapidly, and died without pain at 10 o'clock a. m. the succeeding Sunday, after getting up from bed without help at 7. 30 a. m. as usual. Of course there had been no autopsy.

A brief synopsis of all similiar cases as yet on record will serve to mark their points of resemblance and dessimilarity.

Körte's Case. [*Ein Fall von weit verbreiteter Sarcombildung.**]

A woman, æt. 40 years, applied for treatment for so-called "hæmorrhoids." One, the size of an almond, situated outside of the anus, was removed with the *écraseur*. The wound healed quickly, and the hæmorrhoidal bleeding ceased. The tumor, flattened, fissured and covered by a mucous-membrane like coat, showed on examination all the elements of a sarcoma. In the autumn of 1863 (time elapsed since the first operation not stated), a painless glandular swelling appeared in the arm-pit over the third rib, and was not relieved by inunction of ung. potass. iodid. Some months later, the patient having been treated, without relief, meanwhile, for various neuralgic pains, tumors appeared, at first upon the left breast, then others upon the most diverse parts of the body, until there were some 70 to 80 in number, extending over the whole body from the groins to the neck. They lay often deep under the cutis, were not adherent to the skin, and were painless. One such appeared also on one of the labia, and it is presumed that others were contained within the cavity of the pelvis, since, towards the end of the patient's life, a rectovaginal fistula formed, due probably to the suppuration of one of these tumors, and the patient died after three to four months of sinking and protracted fever. The autopsy by Recklinghausen disclosed masses of sarcoma, not only in the subcutaneous cellular tissue and in the lymph glands, but also in the liver, kidneys, pancreas and mesenteric glands. The most advanced condition of things was in the rectum four inches above the anus, where the abscess had formed which had opened the passage between the rectum and vagina.

Körte adds that his case shows the possibility, under certain circumstances, of a malignant course in Sarcoma resembling that of Carcinoma.

Köbner [*Zur Kenntniss der allgemeiner Sarcômatose und der Hautsarcome im Besonderen* 1.] reports two cases: †

M. S., aged 43 years, a stoutly-built dealer in horses, presented himself for treatment in Aug., 1866, on account of gastric catarrh. A few painless protuberances had been incidentally noticed a few weeks previously upon the abdomen, and were still present. Jan. 7th, 1867, after marked conjunctivitis, exophthalmia of both eyes came on quite suddenly, and Jan. 13th an indolent bubo as large as a pigeon's egg (duration unknown), was found by the physician below Poupart's ligament on the right side. Paresis of the *nervus abducens sinister* and boring pains in the forehead were also present. A general examination, Jan. 16th, showed upon the thorax and abdomen numerous pale, hard, pea-sized papules seated

* Deutsche Klinik. No. 22, 1863.

† Archiv für Dermatologie and Syph. 1869, p. 369.

in the corium, some of them even penetrating the subcutaneous tissue and consequently being immovable, all painless and not emptying on pressure. The follicular orifices were not enlarged. The largest nodules were discrete and semi-protuberant, felt especially hard, and were rose-colored. The swelling of the lymphatic glands of the right groin was as large as a hen's egg and painless except in one small spot. During the following two weeks the nodules increased in number upon the trunk and on the scalp. Toward the end of Jan., 1867, ulceration and perforation of the left cornea with continued fever; nausea and constipation also from the beginning. Feb. 4th, symptoms of œdema of the brain appeared and the patient died Feb. 5th. Microscopically examined, the neoplasms proved to be typical sarcoma; pure spindle-cell sarcoma in the skin and subcutaneous tissue and in the orbital tumors; in the bubo, however, mixed also with giant cells.

Rosa J., æt. 45 years, wife of a filecutter. Stout and strong. Had from infancy a mother's mark on the radial side of the nail phalanx of the left forefinger, probably a small *nævus spilus*. Married at 21 years of age, and had since, from hard work, frequently rubbed the spot sore and caused it to smart. Three or four years ago it began to grow and prickle, a vesicant having been applied. Since then it had been three times cauterized with caustic plasters by a quack. The third plaster was applied in May, 1866, at which time the glands in the left axilla had also become swollen. In Aug. and Sept., 1866, patient had the cholera, after recovering from which, these glands increased greatly in size, and other nodules were developed. Jan. 16th, 1867, there existed a tumor as large as an apple in the subcutaneous tissue of the left supraclavicular fossa, and over the right scapula several nodules of the size of walnuts. Other similar nodules also exist in the right axilla, though unnoticed up to date by the patient. These tumors are hard, tuberculate, movable on their bases, but adherent for the most part to the skin, and painless even upon strong pressure. At the end of January a round tumor, of the size of a cherry was detached in the subcutaneous tissue of the loin and in February a similar one upon the breast-bone. Towards the end of March the tumors had increased still more in size, and there was excessive constipation. Apr. 4th, vomiting. Apr. 7th, icterus. Apr. 14th, fever. During this time the size of the tumors greatly increased and new ones appeared, especially in the panniculus adiposus of the skin of the abdomen. The symptoms all became worse. May 9th, vomiting, dyspnoea, hurried respiration and intermitting pulse. May 22nd, retention of urine, and a tumor detected in the front wall of the rectum. The vomiting, pain and sleeplessness gradually wore the patient out, until she died May 25th, from collapse. The results of a microscopical examination confirmed histological facts already mentioned by Virchow, namely, the change of a fibroma into a fibrosarcoma; the limitation of pigmented cells to the connective tissue of the skin and subcutaneous tissue; in

this last, as in the mother structure, the existence of a thin, fibrous, transiently protective partition wall between the original pigmented sarcoma and the contiguous territory first giving evidence of infection; and finally the pigmentation of even remotely situated metastatic nodules, which, as in the original nodule, was circumscribed in its extent.

Kaposi [*Idiopathisches multiples Pigmentsarkom der Haut**] gives five causes; but as he has introduced these into Hebra's and his own work upon skin diseases as a distinct class, clinically typical and never metastatic, they need no mention here. These however occur normally at first upon the plantar and dorsal aspects of the feet and soon after upon the hands, are always most numerous upon these organs and cause thickening of the skin and deformities. Subsequently they develop elsewhere, isolated or grouped, and may afterwards partially disappear. They ulcerate, or more properly, become gangrenous at a late period. The lymphatic glands are not specially swelled. Death occurs in from two to three years. All five of Kaposi's cases were men of forty years of age or more. [If I am not mistaken there exists in the Museum of the St. Louis Hospital at Paris and in the Dermatological Cabinet of the Museum of the Harvard Medical School in Boston, a fine specimen of the disease described by Kaposi, existing only upon the foot.]

Billroth's case, appended to Kaposi's, was merely observed clinically, and, in very general terms communicated to Kaposi. Upon the lower legs of a boy of from 8 to 10 years of age there were developed within a few months several pea-sized nodules resembling those described in Kaposi's cases. The boy was then lost from observation but, according to report, died in about a year, the nodules having increased greatly in size and number.

Webber's case † was reported Nov. 25th, 1873, before the Boston Society for Medical Improvement.

Peter W., æt. 40 years, a book-binder, noticed in 1868 a tumor in his right axilla. It increased in size and was removed in 1869. It soon reappeared and was again removed, at the Mass. Gen. Hosp. in Aug., 1871. About May, 1873, small tumors began to appear over the body, and by Nov. 5th there were present a large number, varying in size from that of a pea to that of a pigeon's egg, some in the skin, others deeper seated; three of the subcutaneous ones were dark, grumous and bloody. There was also a large nodular mass over the seventh right-rib, outside of the angle. Lancinating, burning pain in the left side, shoulder and arm, with severe exacerbations several times during the day. Cardiac region also sore and burning. Dyspnœa cough and constipation. Symptoms grew worse and the patient died Nov. 21st, very suddenly. A post mortem examination showed nodules of the disease generally distributed in the cutis, vertebral column, rib, lungs, liver, pancreas, kidneys, heart and dura-mater. The microscope showed the disease to be a spindle-cell sarcoma with rather large cells, containing no pigment.

* Archiv J. Dermatol u. Syft. 1872, Vol. iv p. 265.

† Boston Med. and Surg. Journal, Jan, 16th, 1873.

Port's case* was observed in 1865-1866 in the service of Ziemssen.

Patient aged 36 years. The affection began in infancy as a generalized eruption of papules (tubercles), later of red itching scaly spots, and recently, rapidly-growing condylomata have spread over the whole surface of the body. At present the skin is universally affected. The upper part of the body is covered with fungous tumors one to two centimetres high, soft, reddish, with an abundant fœtid secretion and from a few lines to five or six inches in diameter. The skin around was white or streaked with blue and hard, like parchment. Sometimes the tumors rested on a bluish base. Patient died of exhaustion with anasarca (no albumen in urine), but no affection of the viscera. The microscope showed only rounded cells and a small amount of homogeneous intercellular structure, with loss of papillæ as well as of epidermis. Port considers the case one of sarcomatous nature [*Ein Fall von multipler Sarkombildung der Haut unter dem Bilde de Mycosis* (Alibert)].

Huguenin [*Zur Casuistic des multiplen Sarcomes*] † gives a very meagre sketch of a case where, upon the inside of the thigh, on the right thoracic parietes and upon both upper arms, subcutaneous nodules, pea- to bean-sized, and some ten or twelve in number, were noticed. There was no connection observed between their site and the course of the larger veins. They all consisted of a soft spongy tissue sown with small apoplectic masses which gave to the whole tumor a dark red coloration.

Taylor reported to the New York Dermatological Society ‡ a case where multiple, painless, sharply-defined, melanotic, cutaneous tumors were observed upon a negress. These did not affect the general health and had a course of some twenty-five years duration, new nodules appearing at long intervals, before she was lost from observation. No microscopical examination was made, but Taylor regarded them as sarcomatous.

Summary.—The cases of Billroth, Huguenin and Taylor can hardly be regarded as recorded cases. That of Port was probably a lymphosarcoma, the mycosis fungoides of the French school. Those, of Körte, Köbner and Webber were metastatic in their origin and of the spindle-cell variety. Of Kaposi's cases but two were general in their distribution. These two were also the only ones examined microscopically. All his cases occurred in men of middle age, and began upon the feet and hands. Those examined by the microscope were of the small, round-cell variety.

My case resembles the two cases the most thoroughly described by Kaposi, but it occurred in a woman, the feet and hands were unaffected and it was of the large, round-cell variety. But little if any pigment was found in the sections examined microscopically; but this is of small importance, from the well-known distribution of pigment in such cases.

* Deutsches Arch. für Klinische Medecin 12ten Bd. 1er, 2er, (Doppel) Heft, 1873.

† Archiv der Heilkunde 59, Juli, 1874.

‡ Proceedings. Archives of Dermatology, July, 1875.

Kaposi has called his case "idiopathic," by which he means primary upon the skin. Absolute certainty of this fact can result only from total absence of similar existing conditions within the body, proved by minute post-mortem examination. If internal lesions exist at all, they may have been of prior formation, though the relative ages may to some extent be inferred from appearances. But in these three cases, Kaposi's and my own, only one autopsy was made, namely, in Kaposi's second case, and here nodules *were* found in the pharynx and trachea, on the epiglottis, and in the liver, stomach and large and small intestines. In this case a profuse bloody diarrhœa with continued fever has been present during the nine days preceding death.

Now it is possible that these nodules may have been secondary, and that, in Kaposi's first case and in my own, there may have been either no internal nodules, or, at most, some of secondary origin. The absence of symptoms from the internal organs points at least in this direction, and as it is possible for a single tumor of sarcomatous nature to occur upon the skin without the internal organs being affected, so it is also possible for many such to exist under similar circumstances. Kaposi's cases and my own may therefore be fairly classed together in this respect, while yet neither he nor I have the right to absolutely insist upon the primary existence of the sarcoma in the skin as being incontestibly proved.

My case is, however, not perfectly identical with even these two cases of Kaposi; for, apart from the clinical difference in the locations upon the skin of the initial manifestations of the disease in Kaposi's two cases and in my own, there exists a noticeable histological diversity in the structure of the tumors as regards the size of the cells. Virchow * says, all sarcomata may be divided into two great groups, the large-celled and the small-celled. The latter may be designated as sarcomata with a granulation-like structure. They belong essentially to the glio- and myxo-sarcomata. The former, on the other hand, are usually fibro- and melano-sarcomata, though myxo-sarcomata with very large elements may occur. We have thus a *myxosarcoma parvicellulare* and a *myxosarcoma magnicellulare*. Now both of Kaposi's cases were of the small-cell variety, while mine belonged to the group of large-celled sarcomata.

As an integral complex, therefore, my case is certainly *unique*. That it is in all respects a total divergence from all cases ever observed, I do not, of course, claim. Such a case would not be an exception to rules, but a miracle.

* Die Krankhaften Geschwülste II. Bd. 19te Vorlesung, p. 190.

ARCHIVES OF DERMATOLOGY:

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L. DUNCAN BULKLEY, A. M., M. D., EDITOR.

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